



A Public Service Agency

LIC. EXP. \_\_\_\_\_

# Application for Occupational License

**ALL APPLICATION FEES ARE NON-REFUNDABLE**

## APPLICANT — CHECK ONE BOX ONLY

- ☐ All-Terrain Vehicle Safety Instructor  
☐ Driver Instructor (20M)  
☐ Additional License (20M) (Driver Instructor Only)  
☐ Representative

## VEHICLE SALESPERSONS

- ☐ Original (SPO)  
☐ Renewal (SPR) (prior to expiration)  
☐ Reinstatement (SRX) (expired license)

## FOR DMV USE ONLY — MUST COMPLETE

### Check type of license issued and list number

- ☐ Salesperson's # S—  
☐ Representative Mfg. # RM—  
☐ Representative Dist. # RD—  
☐ Driver Instructor # I—  
☐ All-Terrain Veh. Safety Instr. #

## DMV USE ONLY

LE Code \_\_\_\_\_  
 ASVI Veri. # \_\_\_\_\_  
 DATE INITIALS \_\_\_\_\_

TOTAL FEE COLLECTED

HQ AUTHORIZATION—GIVE NAME

DO NOT ISSUE—TEMPORARY PERMIT

ISSUE OL TEMPORARY PERMIT NO.

☐

☐

DATE ISSUED

DATE EXPIRED

**All licensees are responsible for renewing their license prior to the expiration date shown on license.**

## ADVISORY STATEMENT

The information required on the attached form pertains to eligibility for issuance of an occupational license. It is required under authority of Division 5 of the California Vehicle Code. Failure to provide the information is cause for refusal to issue an occupational license.

This information is public record, regularly used by law enforcement agencies, and is open to inspection by the public. Information contained in these records, classified as confidential or personal pursuant to the Information Practices Act of 1977 and the Public Records Act, is exempt from disclosure. Individuals are entitled to inspect or obtain copies of information contained in their records during regular office hours by prior arrangement.

The Occupational Licensing Branch, P. O. Box 932342, Sacramento, CA 94232-3420, is responsible for maintaining this information.

NAME (FIRST, MIDDLE, LAST) **(TYPE OR PRINT)** (MUST BE FULL LEGAL NAME)

TELEPHONE NUMBER

( )

MAILING ADDRESS (NUMBER AND STREET)

CITY

STATE

ZIP CODE

RESIDENCE ADDRESS (NUMBER AND STREET)

CITY

STATE

ZIP CODE

## PHYSICAL DESCRIPTION

Sex	Color Hair	Color Eyes	Height	Ft.	In.	Weight	lbs.
APPLICANT'S CALIFORNIA DRIVER LICENSE NO.	EXPIRATION YEAR	BIRTHDATE	SOCIAL SECURITY NUMBER				

"Your social security number will be collected pursuant to California Business and Professions Code section 30. It is used in the administration of occupational licensing laws to determine eligibility for issuance or renewal of an occupational license subject to the applicable provisions of the California Vehicle Code, California Business and Professions Code sections 29.5, 30 and 31, as well as California Welfare and Institutions Code section 11350.6. It is also used to aid in the collection of monies owed in connection with failure to pay a fine or failure to appear in court by an applicant; and to aid in the collection of monies owed by an applicant in connection with Aid to Families with Dependent Children, Child Support and Establishment of paternity and Federal Payments for Foster Care and Adoption Assistance Programs, pursuant to 42 U.S.C. section 405 and 42 U.S.C. section 651 et seq.

Your social security number is not provided for public inspection; however, it will be provided in response to requests for information from state and federal agencies operating and involved in the collection of taxes and child support payments pursuant to 42 U.S.C. 601 et seq., and California Business and Professions Code section 30.

Collection of your social security number is mandatory. Failure to furnish the information requested will result in denial of processing an application for issuance or renewal of an occupational license or permit, pursuant to Business and Professions Code section 30, subdivision(c)."

Have you ever been known by or used any name other than the name appearing on this questionnaire?

**Include the different way you sign your name.** ..... ☐ Yes ☐ No

IF YES, LIST NAME(S)

## EMPLOYED BY: (Information provided must be the same as Employer's License)

FIRM NAME

TELEPHONE NUMBER

FIRM LICENSE NUMBER

( )

FIRM ADDRESS (NUMBER AND STREET)

CITY

STATE

ZIP CODE

The driving instructor applicant named herein will give instruction in: (Check appropriate box or boxes.)

- ☐ A vehicle registered in his name. (A vehicle inspection report must accompany application.)  
☐ A vehicle registered to this driving school.  
☐ Other (explain) \_\_\_\_\_

I certify under penalty of perjury under the laws of the State of California that the information provided by me is true and correct.

**Applicant Initials** \_\_\_\_\_



OL #

NAME

**EXPERIENCE AND EMPLOYMENT RECORD FOR THE PAST THREE YEARS: (List most recent first.)**

FROM MO YR	TO MO YR	DUTIES PERFORMED	EMPLOYERS: NAMES, ADDRESSES, TYPE OF BUSINESS

1. Have you previously been or are you now licensed or have you ever applied in this state as a vehicle salesperson, representative, distributor, dealer, dismantler, manufacturer, remanufacturer, transporter, verifier, lessor-retailer, driving school owner, operator, instructor, all-terrain vehicle safety training organization or instructor? ..... ☐ Yes ☐ No

IF YES, LIST LICENSE NUMBER

DATE

2. Have you ever had a business or occupational license issued by this department or an application for such license refused, revoked, suspended, or subjected to other disciplinary action or were you ever a partner, managerial employee, officer, director, or stockholder in a firm licensed by this department, and the license was revoked, suspended or subject to other disciplinary action? ..... ☐ Yes ☐ No

IF YES, DESCRIBE (TYPE OF LICENSE, LICENSE NUMBER, ACTION BY DEPARTMENT, DATE OF ACTION)

3. Were you ever the holder of an occupational license issued by another state, authorizing the same or similar activities of a license, and that license was revoked or suspended for cause and was never reissued, or was suspended for cause, and the terms of suspension have not been fulfilled? ..... ☐ Yes ☐ No

IF YES, DESCRIBE TYPE OF LICENSE, LICENSE NUMBER, AND STATE LICENSE WAS ISSUED

4. Were you ever a partner, managerial employee, officer, director, or stockholder in a firm that had a civil judgment rendered against it? or you as an individual? ..... ☐ Yes ☐ No  
If yes, was it a result of your firm's activity under an occupational license issued by this department? ..... ☐ Yes ☐ No

IF YES, STATE AMOUNT AND WHETHER PAID OR UNPAID

5. Have you ever declared bankruptcy or were you ever a partner, managerial employee, officer, director, or stockholder in a firm that declared bankruptcy? ..... ☐ Yes ☐ No

IF YES, GIVE DATE BANKRUPTCY FILED AND NAME AND LOCATION OF COURT OF JURISDICTION

6. **APPLICANTS FOR OTHER THAN DRIVING SCHOOL/TRAFFIC VIOLATOR SCHOOL LICENSES/ALL TERRAIN VEHICLE SAFETY VEHICLE SAFETY TRAINING ORGANIZATION, EXCLUDING** traffic offenses, have you ever been **CONVICTED, PLACED ON PROBATION, OR RELEASED FROM INCARCERATION FOLLOWING CONVICTION** for any crime or offense, **either Felony or Misdemeanor**, of **ANY** Federal or State jurisdiction, within the last ten years? (See notice below) ..... ☐ Yes ☐ No

**APPLICANTS FOR DRIVING SCHOOL/TRAFFIC VIOLATOR SCHOOL OWNER, OPERATOR, INSTRUCTOR, ALL-TERRAIN VEHICLE SAFETY VEHICLE SAFETY TRAINING ORGANIZATION. INCLUDING** traffic offenses, have you ever been **CONVICTED, PLACED ON PROBATION, OR RELEASED FROM INCARCERATION FOLLOWING CONVICTION** for any crime or offense **either Felony or Misdemeanor**, of **ANY** Federal or State jurisdiction, within the last ten years? (See notice on next page.) ..... ☐ Yes ☐ No

I certify under penalty of perjury under the laws of the State of California that the information provided by me is true and correct.

**Applicant Initials** \_\_\_\_\_

OL #

NAME

**IMPORTANT NOTICE**

Describe "Yes" answer to any of the prior questions by listing each separate offense by date of conviction, offense, court of jurisdiction and disposition in appropriate columns.

**FOR EACH CONVICTION DISCLOSED, YOU MUST SUBMIT WITH THIS APPLICATION, A COPY OF THE ARRESTING AGENCY REPORT AND CERTIFIED COPY OF THE COURT DOCUMENTS.**

Even if you were pardoned, pled nolo contendere, or if the conviction was later expunged from the record of the court or set aside under Penal Code Section 1203.4, or any other federal or state law equivalent, you must disclose the conviction. If you are awaiting judgment and sentencing following entry of a plea or jury verdict, **you must still disclose the conviction.** Failure to disclose all convictions, including those out-of-state or out of country may result in the cancellation of the temporary permit and may result in the refusal of the occupational license. Listing all conviction information may not necessarily preclude you from receiving a license.

Applicant Initials \_\_\_\_\_

**FAILURE TO INITIAL CAN BE CAUSE FOR DENIAL OF LICENSE**

CONVICTION DATE	CONVICTED OF	COURT OF JURISDICTION (FULL NAME AND ADDRESS)	DISPOSITION OF OFFENSE (DESCRIBE SENTENCE)			
			Amount Fined	Term of Probation	Jail or Prison Term	Date Released

(ATTACH SEPARATE SHEET IF ADDITIONAL SPACE IS NEEDED)

**CERTIFICATION BY APPLICANT**

EXECUTED AT (CITY, STATE)

ON (DATE)

*I certify under penalty of perjury that the answers and information contained herein are true and correct to the best of my knowledge and belief.*

SIGNED

**X****EMPLOYING LICENSEE'S ACKNOWLEDGMENT**

*I hereby certify that I am the authorized representative of the employing licensee named herein. It is my intention to employ the above named applicant when he/she receives a temporary permit or license from the Department of Motor Vehicles.*

EMPLOYER'S SIGNATURE (AUTHORIZED SIGNATURE)

PRINT NAME

**X**

DATE

TITLE (I.E., CORPORATE OFFICER, OWNER, OPERATOR)

LICENSE NUMBER (SALESMANAGER'S LICENSE NUMBER)